V.S. No. 300
Rev. 10.46

1120
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41931

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4543 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield
c. LENGTH OF STAY (in this place): 3½ MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN: Marshfield
d. Is Residence within limits of a city or incorporated town? Yes [✓] No [ ]
e. STREET ADDRESS (If rural, give location): 1120 0

3. NAME OF DECEASED (Type or Print): a. (First) Luke b. (Middle) E. c. (Last) Daugherty

4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 16 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Peter Daugherty
13b. MOTHER'S MAIDEN NAME: Ann McVey
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Charley Daugherty — ADDRESS: Conway Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombotic Encephalomalacia
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES [ ] NO [✓]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [✓] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-15, 1953, *to* 11-10, 1953, *that I last saw the deceased alive on* 11-10, 1953, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): D.O.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-1953
24c. NAME OF CEMETERY OR CREMATORY: Conway Catholic
24d. LOCATION (City, town, or county) (State): ~~Marshfield~~ Webster Co. Mo

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: J. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE: Barber-Barto Marshfield — ADDRESS: Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen S. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.